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Regulations governing the practice of midwifery
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BUREAU OF CHILD HYGIENE
DEPARTMENT OF HEALTH
OF THE CITY OF NEW YORK



REGULATIONS
GOVERNING THE PRACTICE OF
MIDWIFERY
IN THE CITY OF NEW YORK

ADOPTED BY THE BOARD OF HEALTH

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CHAP. 432 (LAWS OF 1907).

**AN ACT regulating and restraining the practice of midwifery
in the City of New York.**

Became a law, JUNE 6, 1907, with the approval of the
Governor. Passed, three-fifths being present.
Accepted by the city.

**THE PEOPLE OF THE STATE OF NEW YORK,
REPRESENTED IN SENATE AND ASSEMBLY, DO
ENACT AS FOLLOWS:**

Section 1. The department of health of the city of New York is hereby vested with power and authority to adopt rules and regulations and adopt ordinances governing the practice of midwifery in the city of New York, including rules and regulations and ordinances for admission to said practice, the exclusion from said practice, and the regulation and inspection of midwives and the practice of midwifery generally, in the city of New York.

Section 2. As used in this act the practice of midwifery means the offering or undertaking by any person to assist for a compensation of any kind a woman in normal child-birth, but it does not include at any child-birth the use of any instrument, nor the assisting of child-birth by any artificial, forcible or mechanical means, nor the performance of any version, nor the removal of adherent placenta, nor the administering, prescribing, advising or employing in child-birth of any drug other than a disinfectant. This act shall not be construed as applying to any practitioner of medicine duly authorized to practice medicine and registered according to law, nor shall it authorize any midwife to practice medicine.

Section 3. Any person who shall practice midwifery in the city of New York in violation of any rules, regulations and ordinances promulgated by the department of health shall be guilty of a misdemeanor.

Section 4. This act shall take effect immediately.

REGULATIONS GOVERNING THE PRACTICE OF MIDWIFERY.

Regulations of the Department of Health of the City of New York relating to Section 196 of the Sanitary Code, which provides as follows:

Section 196. Practice of midwifery regulated.—No person other than a duly licensed physician shall practice midwifery in the City of New York without a permit therefor issued by the Board of Health or otherwise than in accordance with the terms of said permit and with the Regulations of said Board. (S. C. Sec. 184.)

REGULATIONS.

Regulation A.—Permit to be obtained for practice of midwifery.

No permit will be granted unless an application, made on the printed blank form issued by the Board, has been filed with the Department of Health.

Regulation B.—Certification of application.

The application must be certified to by two reputable and responsible laymen (preferably clergymen, priests or rabbis).

Regulation C.—Requirements for permit.

The applicant must be twenty-one years of age or over, and of moral character. She must be able to read and write. She must be clean and show evidence in general appearance of habits of cleanliness. The applicant must also present a diploma or certificate showing that she is a graduate of a school for midwives registered by the Board of Health of the City of New York as maintaining a satisfactory standard of preparation, instruction and course of study, but the requirements of a diploma shall not apply to any person who is now or heretofore has been authorized to practice midwifery by the said Board.

Regulation D.—Permit to expire in one year.

The permit will allow the holder to act as a midwife for one year from the date of issuance and must be renewed at the end of that time. The Board of Health may at any time revoke this permit.

Regulation E.—Permit not to be granted to applicants who have been guilty of illegal practice.

No permit will be granted to an applicant who has been convicted of criminal practice, or of practising medicine illegally, and any such conviction will be sufficient cause for the revocation of a permit.

Regulation F.—Cases in which midwives may practice.

A duly licensed and registered midwife may practice midwifery in cases of normal labor, and in no others. No midwife shall, in any case of labor, use instruments of any kind, nor assist labor by any artificial, forcible or mechanical means, nor perform version, nor attempt to remove adherent placentae, nor administer, prescribe, advise, or employ any poisonous or dangerous drug, herb or medicine, nor attempt the treatment of diseases.

Regulation 1.—Applicant to appear in person; to report change in name or address.

Before a permit is given to an applicant she must appear in person at the Department of Health and register her name and address. She will also receive and receipt for a copy of the rules and regulations governing the practice of midwifery which have been adopted by the Board of Health. These rules and regulations must be explicitly followed.

Any midwife changing her name and address must at once report such changes to the Department of Health.

Regulation 2.—Midwife to attend only normal cases.

A midwife shall attend only cases of normal labor in which there is an uncomplicated vertex (head) presentation. In all other cases a physician must be called.

Regulation 3.—Midwife's home to be open for inspection.

The home of the midwife, her equipment, record of cases, and register of births shall at all times be open to inspection to the authorized officers, inspectors and agents of the Department of Health.

Regulation 4.—Midwife to be clean.

Each midwife must be scrupulously clean in every way, including her person, clothing, equipment and house. She must keep her nails short and keep the skin of her hands, as far as possible, free from cracks and abrasions by the use of lanolin or other simple application. When attending a case of labor she must wear a clean dress, of washable material which can be boiled, such as linen or cotton, and over it a clean washable apron or overall. The sleeves of the dress must be so made that they can be readily rolled up above the elbows.

Regulation 5.—Cases to be referred to physicians.

If, during pregnancy, any of the following conditions develop or are suspected, the midwife shall not engage to attend the case, but must refer it to a physician:

1. Whenever the patient is a dwarf or is deformed.
2. Whenever there is bleeding, or repeated staining in small amounts.
3. Whenever there is swelling or puffiness of the face or hands.
4. Whenever there is excessive vomiting.
5. Whenever there is persistent headache.
6. Whenever there is dimness of vision.
7. Whenever there are fits or convulsions.
8. Whenever there is a purulent discharge.
9. Whenever there are sores or warts of the genitals.
10. Whenever there is any case known to have syphilis, or suspected of it.

Regulation 6.—Midwife's equipment.

EQUIPMENT.—Every midwife must take to each case the following equipment:

Nail brush.
Wooden or bone nail cleaner.
Jar of soft castile or green soap.
Tube of vaseline.
Clinical thermometer.
Agate or glass douche reservoir.
Two rounded vaginal douche nozzles; not to be used, except upon physician's order.
Two rectal nozzles, large and small.
One soft rubber catheter.
Blunt scissors for cutting cord.
Lysol.
Boric acid powder.
Silver nitrate solution outfit, furnished free by the Department of Health.
Medicine dropper.
Narrow tape or soft twine for tying cord.
Sterile gauze in individual packages, for cord dressing.
Sterile absorbent cotton (preferably in one-quarter pound packages).

No other instruments shall be used or owned by a midwife or kept in her possession. (Possession of these instruments will be taken to indicate their use.)

Regulation 7.—Container for equipment; how to be kept.

The equipment specified in Rule 6 must be carried either in a metal case which can be easily boiled, or in a bag fitted with an inner lining of washable material which can be easily removed, and which must be washed and boiled before each case of labor. The bag and its contents must at all times be kept neat and clean. The douche nozzles for rectal and vaginal use must be marked and kept separately.

At every case, before using the nail brush, nail cleaner, douche reservoir and tubing, vaginal nozzle, catheter, scissors and tape or twine, they must be boiled for five minutes; when the labor is terminated, the douche reservoir and tubing, vaginal nozzles, catheter, scissors, nail brush, nail cleaner, must be washed with soap and water and boiled before replacing them in the bag or case.

Regulation 3.—Mineral's home

The home of the mineral; a well register or better still of a to the national effort, important of health.

Regulation 4.—Mineral's home

Each mineral must be very building the general, nothing, must keep the table short and, for as possible, the first must be a simple or other simple applied of water the most water a the which can be boiled, such as the suitable agent or agent. To be sure that they can be profit

Regulation 5.—Cases in 1

It being necessary, any 1 only or an expected, that must be used, but must not be 2 to 4

1. Whenever the patient is
2. Whenever there is his small amount.
3. Whenever there is small food.
4. Whenever there is little
5. Whenever there is little
6. Whenever there is little
7. Whenever there is little
8. Whenever there is a part
9. Whenever there are some
10. Whenever there is any or suspected of it.

Regulation 6.—Mineral's home

EQUIPMENT.—Every mineral having equipment:

Regulation 8.—Preparation for internal examinations.

Before making an internal examination or conducting a delivery, a midwife must prepare her hands and the patient as follows:

The midwife, after thoroughly washing her hands with warm water and soap, must thoroughly wash the patient's external genitals, the internal surface of thighs and the lower part of the abdomen, with warm water and soap, then rinse them with clean water and a disinfecting solution, prepared by adding one teaspoonful of lysol to one pint of water. She must then cover the genitals with a clean towel or cloth or cotton which has been soaked in the disinfecting solution, and she must allow it to remain there until the examination is made. The midwife's hands must be cleansed and disinfected as follows:

Cut the finger nails short with clippers or scissors. Scrub the hands and forearms up to the elbows with the nail brush and green soap and warm water for five minutes, paying special attention to the nails and to the inner surface of the fingers. Then soak the hands for three minutes in the disinfecting solution. After having cleaned and disinfected the hands in this way they must not come in contact with anything before touching the parts of the patient to be examined. As few vaginal examinations as possible should be made. Before each examination the midwife's hands and the patient must be prepared as above described.

No vaginal douche shall be given before labor.

Regulation 9.—Midwife not to leave patient.

A midwife in charge of a case of labor must not leave the patient without giving an address at which she may be found without delay, and after the beginning of the second stage she must stay with the patient until the birth is completed, and shall not leave for at least an hour after the expulsion of the after-birth. Where a physician has been sent for because the case is abnormal or complicated, the midwife must await his arrival and be ready to carry out his instructions.

Regulation 10.—Physician is to be summoned during labor.

If, during labor, any of the following conditions exist or develop, a physician must be summoned immediately:

- (a) The presenting part is other than an uncomplicated vertex (head).
- (b) Fits or convulsions.
- (c) Excessive bleeding.
- (d) Prolapse of the cord.
- (e) A swelling or tumor that obstructs the birth of the child.
- (f) Signs of exhaustion or collapse of the mother.
- (g) Unduly prolonged labor.
- (h) When foetal heart has been heard and ceases to be heard.

Regulation 11.—In cases of convulsions or bleeding, physician to be summoned.

After the birth of the child, if the mother develops convulsions or has excessive bleeding or has been lacerated, a physician must be called in attendance.

Regulation 12.—Midwife to examine after-birth.

A midwife must, in all cases, examine the after-birth (placenta and membranes) before it is destroyed and must satisfy herself that it has been completely expelled.

Regulation 13.—Physician to be called if after-birth is not expelled.

Under no circumstances shall a midwife introduce her hand into the vagina or uterus to remove either the whole or parts of the after-birth (placenta or membranes). If, after an hour from the birth of the child, the mother being in otherwise good condition, the after-birth (placenta and membranes) is not expelled or cannot be expelled by gentle manipulation of the uterus through the abdominal walls, a physician must be called to extract it.

Regulation 14.—Procedure after delivery.

After the labor is over the midwife must clean the skin around the external genitals with the antiseptic solution mentioned above, and then place a dry sterile pad over the vulva. The midwife must bathe and dress the patient in this manner at least once daily for five days after delivery, and also after each time that it is necessary to use a catheter. After the birth is complete the midwife must not make vaginal examinations. If it is necessary to catheterize the patient, the catheter must be boiled and the midwife, after washing her hands (Rule 8) and before passing the boiled catheter, should separate the upper part of the vulva and wash the opening to the bladder by pouring the disinfecting solution over it from a cup or small pitcher that has been previously boiled.

Regulation 15.—Soiled articles to be removed after labor.

After the labor is over and before washing the baby, the midwife should remove the soiled sheets, together with all soiled pads, newspapers, etc., that have been used to protect the mattress, leaving the patient on a smooth, dry, clean sheet.

Regulation 16.—Stillbirths.

Should the child not breathe after birth, the midwife must report the fact at once by telephone or messenger, to the Department of Health, when an inspector will visit the case and countersign the still-birth certificate which the midwife must leave at the house.

The foetus must not be removed from the premises until this certificate has been approved by the inspector from the Department of Health and a permit has been issued by the Bureau of Records.

Regulation 17.—Use of silver nitrate solution.

As soon as the child is born, and if possible before the expulsion of the after-birth, the eyes should be washed with boric acid solution. The eyelids must then be separated and one or two drops of a (1%) one per cent. solution of silver nitrate dropped on the eye and the lids brought together.

One application only of the silver nitrate solution should be used, and ordinarily no further attention should be given the eyes for several hours.

The silver nitrate solution will be furnished free by the Department of Health.

Regulation 18.—Reports of cases of sore eyes.

When the infant has or develops sore eyes, or any redness, inflammation or discharge from the eyes, the midwife in attendance must at once call a physician and must report to the Department of Health the name and address of the mother, and state the time when such condition of the eyes was first noticed.

Regulation 19.—Care of patient after labor.

After labor, and throughout the lying-in period, the midwife must exercise due care in washing the hands and in dressing or catheterizing the patient.

Regulation 20.—Physician to be summoned during lying-in period.

If, during the lying-in period, any of the following conditions develop, a physician must be summoned:

- (1) Whenever there are convulsions.
- (2) Whenever there is excessive bleeding.
- (3) Whenever there is foul smelling discharge (lochia).
- (4) Whenever there is a persistent rise of temperature to 101 degrees F. for twenty-four hours.
- (5) Whenever there is swelling and redness of the breasts.
- (6) Whenever there is a severe chill (rigor) with rise of temperature.
- (7) Whenever there is inability to nurse the child.

Regulation 21.—Physician to be summoned if child develops certain conditions.

Every child should be thoroughly examined after birth and if the child has or develops any of the following conditions a physician must be summoned:

- (1) Whenever there is any deformity or malformation or injury.
- (2) Whenever there is inability to suckle or nurse.
- (3) Whenever there is inflammation around, or discharge from the navel.
- (4) Whenever there is swelling and redness of the eyelids with a discharge of matter from the eyes.
- (5) Whenever there is bleeding from the mouth, navel or bowels.
- (6) Whenever there is any rash, sores or snuffles—suggestive of syphilis.

Regulation 22.—Midwife to attend cases seven days after labor.

The midwife shall visit her patient at least once daily for seven days after labor, giving the necessary attention to the toilet and bed of both mother and infant. She shall record the pulse and temperature of the mother at each visit and give proper directions as to food of mother and nursing of the child during the periods between her visits; she shall give instructions how to keep the air in the patient's room fresh; she shall arrange to have the baby asleep in a basket or crib, instead of in the bed with the mother; she shall watch constantly for any symptoms of the complications or abnormalities described in Rules 5, 20 and 21.

She shall give to the child its daily bath and attend to the dressing of the cord and the cleansing of the mouth.

Regulation 23.—Disinfection of midwife's equipment, etc., after infectious disease.

Whenever a midwife has been in attendance upon a patient or in contact with any person suffering from puerperal fever or from any other condition known or believed to be infectious, she must disinfect herself, her clothing and all the contents of her bag and other appliances before going to any other maternity patient. In order to disinfect her person a midwife must take a hot bath and must wash her hair. She must disinfect her hands as in Rule 8.

She must make an entire change of clothing and have all garments she wore while in attendance upon the infected person washed and boiled. Those garments which cannot be washed should be well and repeatedly shaken during the course of two days, and hung out in the open air so that they may be exposed to the rays of the sun. Care should be taken to change their exposure frequently so as to insure the sun's reaching every part.

Should the midwife herself contract a local infection, such as a sore on her hands or an abscess or boil, or a communicable disease, such as diphtheria, scarlet fever, typhoid fever, etc., she shall not attend cases of confinement or visit her patients until she has entirely recovered and disinfected herself, her clothing, and all the contents of her bag and other appliances and has received a certificate from the Department of Health.

After any case of communicable disease the house must be thoroughly cleansed and the floor and surface of midwife's bedroom scrubbed with soap and water. Bedding must be washed and boiled. Carpets, hangings and other articles which cannot be boiled must be sunned and aired.

Regulation 24.—Report of births.

Within ten days of the birth of the child, the midwife must send the report of the birth to the Department of Health on one of the blanks issued for that purpose. She must also keep on the stubs of her birth certificate book a record of every birth she attends.

REGULATIONS GOVERNING THE CONDUCT OF SCHOOLS FOR MIDWIVES.

Regulation A.—Schools must comply with regulations.

No school for midwives shall be registered by the Board of Health unless it complies with the regulations of said Board prescribing the preliminary qualifications of the students and the curriculum of the school as hereinafter set forth.

Regulation B.—Application for permit.

No permit will be granted unless an application, made on the prescribed blank form has been duly filed with the Department of Health.

Regulation C.—Permit to be renewed.

The permit will allow the holder to conduct a school for midwives for one year from the date of issuance and must be renewed at the end of that time.

Regulation D.—General conduct of schools.

- (1) The school must be conducted under the supervision of a hospital recognized by the Department of Health.
- (2) The school must have facilities to accommodate at least ten pregnant women during the lying-in period, and facilities for their confinement on the premises.
- (3) The school must have a resident physician and one or more registered nurses.
- (4) The permit must be displayed in a conspicuous place.
- (5) Violation of any of the rules and regulations of the Board of Health may lead to the revocation of the permit.

Regulation E.—Requirements for entrance to the schools.

- (1) The applicant must be at least twenty-one years of age, be free from any disease that might be communicated during the practice of midwifery, and must present a certificate of recent vaccination.
- (2) The applicant must give for reference the names and addresses of two persons, not relatives, who have known the applicant for at least one year.
- (3) The applicant must fill out the application blank (in her own handwriting), including name, present address, age, whether single or married or widow, education, height, weight, general physical condition, including sight and hearing.

Regulation F.—Instruction and course of study in schools.

The instruction and course of study at the school must include the following:

- (1) A probation period (of at least two weeks) to determine the fitness of the applicant.
- (2) A course of study of at least six months' duration.
- (3) Pupils to reside at the school during the entire course.
- (4) Pupils to be on duty at least ten hours daily or seventy hours weekly.
- (5) Time lost by absence to be made up.
- (6) Each pupil to have attended at least twenty cases of labor, and have had the care of at least twenty mothers and new born infants during the lying-in period (ten days).
- (7) The instruction given to pupils must equip them with a thorough theoretical and practical knowledge of obstetrics, and must at least include:
 - (a) The principles of hygiene as applied to the home, the food supply and the person.
 - (b) The elementary anatomy of the female generative organs and pelvis.
 - (c) Pelvimetry.
 - (d) Pregnancy (its symptoms and complications).
 - (e) Normal labor.
 - Symptoms.
 - Mechanics.
 - Course.
 - Management.
 - Presentation.
 - Palpation.
 - Auscultation.
 - Vaginal examination.
 - Asepsis.
 - Antiseptics (preparation and use).
 - (f) Puerperium.
 - Normal and abnormal.
 - (g) Hemorrhage.
 - Varieties and treatment.
 - (h) Puerperal fevers.
 - Causes and symptoms.

- (i) Preparation of dressings and room for labor.
Methods of giving baths, douches and irrigations.
Performance of catheterization.
Care of instruments.
- (j) Care of infants.
Asphyxia.
Eyes.
Cord.
Hygiene of infancy.
Infant feeding.
Home modification of milk.

**Regulation G.--Recognition of schools outside of New
York City.**

- (1) A school conducted in the United States outside of New York City will be recognized by the Department of Health if it is under state or municipal control, and all of the requirements hereinbefore mentioned are fulfilled.
- (2) A school conducted in a foreign country will be recognized by the Department of Health if it is under the control of the government and maintains a resident course of at least six months, approved by the Department of Health.

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... midwifery.	DATE.
R. Jansen	Apr. 18
A. Hill	1-12-42
Stefan	1-29
G. Peterson S.N.	2-9-53
R. Jansen S.N.	JAN 28 1955
Don Muman	NOV 6 1959
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